PTO/SB/17 (10-07)
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Effective on 42/09/2004				Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/698,839-Conf. #1275			
FEE TRANSMITTAL			Filing Date C		October 31, 2003				
			First Named Inv	entor/	Robert Silman				
For FY 2008			Examiner Name C. B. Mada		C. B. Madam	ba			
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3		3609				
TOTAL AMOUNT OF PAYMENT (\$) 525.00			Attorney Docket No. 04488/000			86-US0 ————			
METHOD OF PAYME	NT (check a	all that apply)							
Check X Credit	Card	Money Order	No	ne Other (please ident	ify):			
Deposit Account Dep	posit Account N	umber:04-0	0 <u>100</u>	Deposit	Account Nam	ne:Darb	y & Darby F	P.C	
For the above-ide	ntified depo	sit account, the Di	rector is	hereby authorize	ed to: (che	ck all that apply	')		
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X Charge any fee(s) under		ee(s) or underpayr 16 and 1.17	nents o	f x Credit	any overp	payments			
FEE CALCULATION		-							
1. BASIC FILING, SEARC	H, AND EX	AMINATION FEE	s					_	
	· · · · · · · · · · · · · · · · · · ·				EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Paid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50	25	
Multiple dependent claims Multiple dependent claims							210 370	105 185	
				(2) hie	N	<u>lultiple Depend</u>		103	
Total Claims 60 - 60 = x			Fee Paid (\$)		•		<u>F</u> ee Paid (\$	3	
HP = highest number of total cl					<u>.</u>	<u> </u>	<u>. 00 . a.a (4</u>	4	
Indep. Claims Extra Claims Fee (\$) Fee		Paid (\$)				_			
2	x	=							
HP = highest number of indepe	endent claims	paid for, if greater than	3.						
3. APPLICATION SIZE FE			_						
If the specification and d listings under 37 CFR)	
sheets or fraction ther					OI SIIIaii C	enuty) for each	agginonai 30	,	
	Extra Sheets	, . , . ,		dditional 50 or frac	ction there	of Fee (\$)	Fee I	Paid (\$)	
100 = /50 = (round up to a whole number) x							≈		
4. OTHER FEE(S)							Fees	Paid (\$)	
Non-English Specifica	tion, \$130	fee (no small enti	ity disc	ount)					
Other (e.g., late filing surcharge): 2253 Extension for response within third month							52	5.00	
SUBMITTED BY		11/1 1							
Signature	E L	elkin	~	Registration No. (Attorney/Agent)	47,522	Telephone	(212) 52	7-7791	
Name (Print/Type) Louis J. DelJuidice						Date	Date November 14, 2007		